



# MOVING PERMIT

**MAYOR**  
John W. Minto

**CITY COUNCIL**  
Ronn Hall  
Stephen Houlahan  
Brian W. Jones  
Rob McNelis

**10601 Magnolia Avenue  
Santee, CA 92071-1266  
(619) 258-4100 Ext. 190**

**M** \_\_\_\_\_  
**Issuance Fee** \_\_\_\_\_  
**Special Deposit** \_\_\_\_\_  
**Total** \_\_\_\_\_

IN COMPLIANCE WITH YOUR REQUEST AND SUBJECT TO ALL OF THE TERMS,  
CONDITIONS AND RESTRICTIONS WRITTEN BELOW, AND THE ATTACHMENTS,  
PERMISSION IS HEREBY GRANTED TO:

<b>NAME</b>		<b>** PERMIT VALID BETWEEN</b>		<b>AUTHORIZED AGENCY REPRESENTATIVE</b> _____ <b>DATE</b> _____					
<b>ADDRESS</b>		<b>SUNRISE</b> ____ / ____ / ____							
<b>CITY / STATE / ZIP</b>		<b>AND SUNSET</b> ____ / ____ / ____							
<b>PHONE</b>		<b>FAX</b>							
		<b>MOVING AUTHORIZED</b> <b>YES</b> <b>NO</b>							
		<b>SATURDAY</b> <input type="checkbox"/> <input type="checkbox"/>							
		<b>SUNDAY</b> <input type="checkbox"/> <input type="checkbox"/>							
		<b>SUNSET TO SUNRISE</b> <input type="checkbox"/> <input type="checkbox"/>							
		<b>ANNUAL PERMIT</b> <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>							
<input type="checkbox"/> <b>HAUL</b>		<b>LOAD OR EQUIPMENT AND MODEL NO.</b>							
<input type="checkbox"/> <b>DRIVE</b>									
<input type="checkbox"/> <b>TOW</b>									
<b>TYPE OF VEHICLE</b>									
<b>KING PIN TO LAST AXLE</b>			<b>COMBINED VEHICLE LENGTH</b>						
<b>LOADED DIMENSIONS DIFFERENT THAN OR WEIGHTS EXCEEDING THOSE SHOWN BELOW ARE NOT AUTHORIZED</b>									
<b>MAX HEIGHT:</b>		<b>MAX WIDTH:</b>		<b>MAX OVERALL LENGTH:</b>		<b>MAX OVERHANG:</b>			
<b>AXLE NUMBER</b>	1	2	3	4	5	6	7	8	9
<b>NUMBER TIRES</b>									
<b>AXLE SPACING</b>									
<b>AXLE WIDTH</b>									
<b>WEIGHT</b>									
<b>ORIGIN</b>				<b>DESTINATION</b>			<b>TRIPS</b>		
<b>AUTHORIZED ROADS/STREETS/HIGHWAYS</b> <b>** NO MOVES SHALL BE MADE BETWEEN 7:00 A.M. TO 8:30 A.M. OR 3:30 P.M. TO 6:00 P.M.</b>									
<b>PILOT CAR</b>									
<input type="checkbox"/> <b>NO - NONE REQUIRED</b>									
<input type="checkbox"/> <b>YES - ONE PILOT CAR REQUIRED FOR LOADS GREATER THAN 12' 6" WIDE</b>									
<input type="checkbox"/> <b>YES - TWO PILOT CARS REQUIRED FOR LOADS GREATER THAN 14' WIDE OR 90' IN LENGTH</b>									
<b>WHEN PILOT VEHICLE(S) REQUIRED BY LAW, PERMITTEE SHALL CONTACT THE SHERIFF'S DEPARTMENT PRIOR TO ENTERING THE CITY FOR MONITORING. PHONE # (858) 565-5200.</b>							<b>ATTACHMENTS</b> <b>PERMIT CONDITIONS</b>		
<input type="checkbox"/> <b>CASH</b>							<input checked="" type="checkbox"/> <b>See reverse side</b> _____		
<input type="checkbox"/> <b>CHARGE</b> <b>FEE:</b> _____							<input type="checkbox"/> _____		
<input type="checkbox"/> <b>EXEMPT</b> _____							<b>REVISION DATE: NOV 2009</b>		
<b>PERMITTEES AUTHORIZED AGENT (SIGNATURE)</b> _____							<b>DATE</b> _____		

**MOVING PERMIT CONDITIONS:**

**THIS PERMIT IS GRANTED UNDER THE PROVISIONS OF THE CITY OF SANTEE REGULATORY ORDINANCES AND THE VEHICLE CODE OF THE STATE OF CALIFORNIA. PERMITTEE SHALL BE ENTIRELY RESPONSIBLE FOR ANY LIABILITY DUE TO ACCIDENT, LOSS OR DAMAGE RESULTING FROM THE MOVE. IN CONSIDERATION OF THE GRANTING OF THE PERMIT, IT IS AGREED BY THE APPLICANT THAT THE CITY OF SANTEE WHEREIN THE PERMIT WORK IS TO BE PERFORMED AND ANY OF THEIR OFFICERS OR EMPLOYEES THEREOF SHALL BE SAVED HARMLESS BY THE APPLICANT FROM ANY OF THE WORK UNDERTAKEN UNDER THE TERMS OF THIS APPLICATION AND THE PERMIT OR PERMITS WHICH MAY BE GRANTED IN RESPONSE THERETO, AND THAT ALL OF SAID LIABILITIES ARE HEREBY ASSUMED TO THE APPLICANT. APPLICANT FUTHER AGREES THAT IN CASE OF DAMAGE TO THE HIGHWAYS BY REASON OF THESE OPERATIONS, TO REIMBURSE THE CITY OF SANTEE FOR THE COST OF REPAIRING OR RESTORING THE HIGHWAYS TO THEIR ORIGINAL CONDITIONS.**

**GENERAL LIABILITY INSURANCE REQUIREMENTS:**

**ALL APPLICANTS MUST PROVIDE PROOF OF INSURANCE AT A MINIMUM OF \$1,000,000 FOR GENERAL LIABILITY INSURANCE. ADDITIONALLY, THE CITY OF SANTEE MUST BE SPECIFICALLY NAMED ON THE INSURANCE ENDORSEMENT ISO FORM CG 20 26 07 04. FAX COPIES WILL ONLY BE ACCEPTED DIRECTLY FROM INSURANCE COMPANY.**

**AUTOMOTIVE LIABILITY INSURANCE REQUIREMENTS:**

**ALL APPLICANTS MUST PROVIDE PROOF OF INSURANCE AT A MINIMUM OF \$1,000,000 FOR AUTOMOTIVE LIABILITY INSURANCE. FAX COPIES WILL ONLY BE ACCEPTED DIRECTLY FROM INSURANCE COMPANY.**